Driving performance and neurocognition of patients with long-term medicinal drug treatment

PROPOSITIONS

Belonging to the dissertation

Driving performance and neurocognition of patients with long-term medicinal drug treatment

Nick N.J.J.M. van der Sluiszen

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1. Long-term use of benzodiazepines is associated with tolerance development for its impairing effects (chapter 2).

2. In patients with long-term benzodiazepine treatment, duration of use plays a role in explaining the level of impairment found during on-the-road driving and neurocognitive performance (chapter 3).

3. There is a positive association between driving impairment and depressive symptomatology in depressed patients (chapter 4).

4. Patients with antidepressant treatment for more than 3 years, show reductions in impairment during on-the-road driving and neurocognitive performance, in comparison to patients treated for less than 3 years (chapter 5).

5. Subjective and objective sleepiness induces relevant levels of driving impairment in patients with central disorders of hypersomnolence (chapter 6).

6. A portion of this thesis would have been empty, in the case benzodiazepines were prescribed according to modern day guidelines (this dissertation).

7. In applied research, it is important that the selected research population is an ecologically valid representation of the “real world” (this dissertation).

8. Regulations regarding driver fitness and medication usage is a trade-off between traffic safety and individual mobility.

9. The transition towards autonomous driving will affect driver fitness regulations. The field of drugs and driving will play an important role during this transition phase, by providing a scientific basis for the compensatory mechanisms of automated driving systems on medication induced driving impairment.

10. The curriculum vitae, acknowledgements and the publication list are the most read parts of a dissertation.